

**For Postal Delivery**

Department of Labor and Industries  
 Factory Assembled Structures  
 PO Box 44430  
 Olympia WA 98504-4430

**For Non-Postal Delivery (e.g., FedEx, UPS)**

Department of Labor and Industries  
 7273 Linderson Way SW  
 Tumwater WA 98501

<input type="checkbox"/>	Vendor (Original)	<b>3</b>
<input type="checkbox"/>	Alteration	
<input type="checkbox"/>	Replacement	

**Applicant: Fill out completely**

MANUFACTURER/OENRT		VENDOR NO. <b>2</b>
PRODUCTION FACILITY ADDRESS <b>1</b>		
CITY/STATE/ZIP		
TELEPHONE NO.		FAX NO.
<b>FOR DEPARTMENT USE ONLY</b>		
FEE LEDGER SHEET NO.	CHECK NO.	\$ AMOUNT.

## APPLICATION FOR INSIGNIA CONVERSION VENDOR UNITS

**SUBMIT ONE COPY -** NOTE: A separate form is to be used for each Unit unless multiple units have the the same plan approval, addendum and design options.

Contact person's printed name: <b>4</b>	Date	Fee enclosed \$
Signature	Phone No ( )	FAX No ( )

A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION -- NOT SUBJECT TO REFUND  
**PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES**

**IMPORTANT - EACH INSIGNIA IS ASSIGNED TO A SPECIFIC VEHICLE - ONLY ONE INSIGNIA PER SECTION**

1.	Mfg. Serial No. <b>5</b>	Dept. Insignia No. <b>6</b>	Approved Plan No. <b>7</b>	Design option. <b>8</b>	Fee \$ <b>9</b>
	Concentrated <input type="checkbox"/> Yes <b>10</b> <input type="checkbox"/> No	ESL <b>11</b>	P <b>12</b> AC <b>13</b>	HT <b>14</b>	
2.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
3.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
4.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
5.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
6.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
7.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
8.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
9.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$

Manufacturer/Owner to complete:

 Number of tags: **16**  
 For Department Use Only

Via

☐  
☐  
☐

Regular mail

Overnight at customer expense

Other

Carrier

Acct #

*continued on reverse*

Insignia Release by: \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_

10.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
Concentrated Load <input type="checkbox"/> Yes <input type="checkbox"/> No		ESL	P AC	HTG	
11.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
12.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
13.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
14.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
15.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
16.	Mfg. Serial No.	Dept. Insignia No.	Approved	Design option.	Fee \$
17.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
18.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
19.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
20.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
21.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
22.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
23.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
24.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
25.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
26.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
27.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$
28.	Mfg. Serial No.	Dept. Insignia No.	Approved Plan No.	Design option.	Fee \$

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